

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-049148

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317Primary Registration District No. 541Registrar's No. 3694VS 300
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)

Clayton

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)

St. Louis Co. Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

St. Louis

c. CITY

OR

TOWN

Normandy

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

4020 Appleberry Ave.

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

ALBERT VINEYARD

4. DATE
OF
DEATH

Month

Day

Year

Dec. 16, 1962

5. SEX

M

6. COLOR OR RACE

W

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

5/13/1876

9. AGE (last birthday)

86

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Custodian

10b. KIND OF BUSINESS OR INDUSTRY

Ford Motor Co.

11. BIRTHPLACE (City and state or country)

Dixon Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

David Vineyard

13b. MOTHER'S MAIDEN NAME

Jane Byrd

14. NAME OF HUSBAND OR WIFE

Nellie F. Vineyard

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. R.C. Mester 7932 Big Bend

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pulmonary Infarction, Suspected

INTERVAL BETWEEN
ONSET AND DEATHConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Broncho pneumonia, Arteriosclerotic heart disease

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes☐ No☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY

Hour

a.m.

Month, Day, Year

p.m.

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Dec. 10, 1962 to Dec. 16, 1962 and last saw herDeath occurred at 9:20 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

H. R. Silvest, M.D.

(Degree or title)

22b. ADDRESS

601 S. Brentwood

22c. DATE SIGNED

12/16/62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

12/19/1962

23c. NAME OF CEMETERY OR CREMATORY

Lakewood Park Cemetery

23d. LOCATION (City, town, or county)

St. Louis Co. Mo.

(State)

24. FUNERAL DIRECTOR

Parker-Aldrich Webster Groves Mo.

ADDRESS

25. DATE RECD. BY LOCAL REG.

12-18-62

26. REGISTRAR'S SIGNATURE

J. B. Murphy, M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Leslie Welch

Licensed Embalmer No. 4395

P. O. Address Adrian Groves Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.